Consultant's **Request for Information Form** Firm Name _____ Mailing Address City _____ State ____ Zip ____ Phone # _____ Fax # ____ Contact Person _____ Real Property Tax Parcel # Property Address **Information Available** Please choose a total of any eight aerials and maps ☐ U.S.G.S. Topographic Maps ☐ Wetland Inventory Maps (NWI U.S. Fish & Wildlife) ☐ Groundwater Elevation Maps (Suffolk County) ☐ Soil Survey Maps ☐ Soils Types and Descriptions **Suffolk County Aerial Photographs** □ 1953-1954 West End (to Miller Place/Patchogue) □ 1960-1961 East End (to Old Field/Oakdale) □ 1966 West End (to Port Jefferson/Bellport) □ 1969 Complete Complete □ 1970 Complete □ 1972 Complete □ 1980 □ 1984 Complete □ 1996 Complete □ 1999 Complete Digital Ortho Photos □ 2001 Complete Please check one ☐ Requested information mailed or **Office Hours** ☐ Appointment for office visit requested. Monday – Thursday 8am-3pm Day _____ Time ____ Friday 8am-2pm Print form and mail with \$75.00 check payable to: **Suffolk County Soil & Water Conservation District** 423 Griffing Avenue, Suite 110 Riverhead, NY 11901